

Comparison of Parent and Student Responses to Asthma Surveys: 2 Different Experiences With Similar Results

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INTRODUCTION

When schools prepare to address the needs of students with asthma, questions arise about the ways to identify those students. Parent reports are traditionally an important source of information for identifying clinical conditions among children, but recent studies addressing a variety of health conditions have shown that parents tend to underestimate their children's physical symptoms and overestimate physical functioning¹⁻¹⁰ and that parent-child agreement on health reports ranges from poor to fair for symptoms related to stomach ache, cold or flu, or aching back to moderate to excellent for symptoms related to asthma or wheezy chest.² Parent surveys may be more costly to administer, tend to have lower response rates, and may be more likely to require language translation than student surveys.¹¹⁻¹³ However, little data comparing student and parent responses to the same asthma questionnaires can be found to assure schools that students' responses can be substituted for parent reports. Although some feel this may be especially true for younger children, studies have shown no significant differences in parent-child agreement between younger and older children^{4,14-15} and even that agreement is higher for children under 10 years of age than for children over 13 years. Very few of these studies relate to asthma.

Two recent studies compared parent-child responses to similar asthma questions, using slightly different study designs and quite different study populations—one among young, predominantly African-American children (grades 1-4) in an urban public school setting and the other among older, predominantly white children (grades 3-12) in a suburban private school. Yet, the studies reached similar conclusions about parent-child agreement and the relationship of age differences. The 2 studies appear together here in order to provide a wider perspective for those deciding whether to question parents or children for case detection in the school setting. Refer to pages 236 and 241 for related papers. ■

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